MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

SERIAL NO.	FILING DATE
APPLICANT(S)	

10/522994

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8		—						58						
9		—						59						
10		—						60						
11		/						61						
12		/						62						
13		/						63						
14		/						64						
15		/						65						
16		/						66						
17		/						67						
18		/						68						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	/	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	19							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)